

## **CRITERIA FOR PRIOR AUTHORIZATION**

### **Opioid Induced Constipation Agents**

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug requires prior authorization:

Relistor® (methylnaltrexone)

Movantik® (naloxegol)

**CRITERIA for Patients with Chronic Non-Cancer Pain (All Agents):** (must meet all of the following)

- Patient must be 18 years of age or older
- Patient must have opioid-induced constipation
- Patient must have chronic non-cancer pain
- Patient must have been on chronic opioid therapy for at least 4 weeks
- Patient does not have known or suspected mechanical gastrointestinal obstruction
- Dose must not exceed 12mg/day for Relistor or 25mg/day for Movantik

**CRITERIA for Patients Receiving Palliative Care (RELISTOR ONLY):** (must meet all of the following)

- Patient must be 18 years of age or older
- Patient must have opioid-induced constipation with advanced illness and be receiving palliative care
- Documentation of current opioid therapy
- Patient's response to standard laxative therapy has not been sufficient
- Patient does not have known or suspected mechanical gastrointestinal obstruction

**LENGTH OF APPROVAL:** 6 months